

# **On Creating a Legacy: Healthy Aging Project**

## **A Strategic Plan On Achieving Outcomes (2005-2009)**

A Partnership Among:

Hawaii Department of Health:

Community Health Division

Executive Office on Aging

Hawaii District Health Office

Kauai District Health Office

Maui District Health Office

Office of Health Equity

County agencies:

Kauai Agency on Elderly Affairs

Elderly Affairs Division (City and County of Honolulu)

Maui County Office on Aging

Hawaii County Office of Aging

Other public and private agencies:

Alu Like, Inc.

Lanakila Rehabilitation Center

and

Local Communities

December 2004

## Healthy Aging Partnership Steering Committee

Elaine Andrade, Department of Health, Office of Health Equity  
Serafin Colmenares, Executive Office on Aging  
May Fujii Foo, City and County of Honolulu Elderly Affairs Division  
Pauline Fukunaga, Hawaii County Office of Aging  
Scott Jensen, Maui County Office on Aging  
Shirley Kidani, Executive Office on Aging  
Elvira Lee, Executive Office on Aging  
Ronald Metler, Kauai District Health Office  
Karen Miyake, City and County of Honolulu Elderly Affairs Division  
Lisa Nakao, Department of Health, Community Health Division  
Liana Pang Tamura, Alu Like Inc.  
Lorrin Pang, Maui District Health Office  
Alan Parker, Hawaii County Office of Aging  
Bob Pennington, Kau  
Ann Pobutsky, Department of Health, Community Health Division  
Debbie Revilla, Kupono Designs and Development  
Remy Rueda, Lanakila Home Delivered Meals  
Pat Sasaki, Executive Office on Aging  
Eric Saunders, Lanakila Rehabilitation Center  
Naomi Sugihara, Kauai County Agency on Elderly Affairs  
Mary Jo Sweeny, Kauai Rural Health Association  
Kealoha Takahashi, Kauai County Agency on Elderly Affairs  
Tammy Tom, Executive Office on Aging  
John Tomoso, Maui County Office on Aging  
Roger Watanabe, City and County of Honolulu, Department of Parks and Recreation  
Barbara Yamashita, Hawaii Department of Health, Community Health Division  
Craig Yamaguchi, City and County of Honolulu Elderly Affairs Division  
Karleen Yoshioka, Hawaii District Health Office  
Chair, Sub-Committee on Research: Lorrin Pang  
Chair, Sub-Committee on Resource Development: Pat Sasaki  
Technical Support: Michael Cheang, University of Hawaii  
University of Hawaii, School of Social Work Practicum Intern: Paula Higuchi

---

**On Creating a Legacy:  
Healthy Aging Project**

**A Strategic Plan  
On Achieving Outcomes  
(2005-2009)**

*May life be long and healthful.*  
*~Anonymous*



### MESSAGE FROM THE DIRECTOR OF HEALTH

Hawaii is blessed with longevity. We have more na kupuna (older adults) than ever before. Associated with long life are related concerns of disability, poor health, and increasing health care costs. Yet, opportunities to lead a long and healthy life exist – it's never too late.

*On Creating a Legacy: Healthy Aging Project – A Strategic Plan on Achieving Outcomes* is a blueprint for improving the health status of our na kupuna. It acknowledges that health is a shared responsibility – shared among individuals, families, and our communities. I am very pleased that the *Healthy Aging Project*, a strong partnership among our State and County governments, private sector, non-profits, and citizens, is creating opportunities for our na kupuna today and leaving a legacy for generations tomorrow.

May life be long and healthful.

Aloha Nui Loa,

A handwritten signature in black ink, reading "Chiyome Leinaala Fukino, M.D.". The signature is fluid and cursive, with a large, stylized "C" and "F".

Chiyome Leinaala Fukino, M.D.  
DIRECTOR OF HEALTH



Pat Sasaki, Executive Director  
Executive Office on Aging



Barbara Yamashita, Division Chief  
Community Health Division

## PREFACE

The Community Health Division and the Executive Office on Aging worked closely to facilitate the development of a strategic plan that promotes healthy aging in our communities statewide.

A community-based participatory approach brought together important aging-focused community networks and organizations and engaged our island communities in all stages of this public health planning process.

The plan focuses on prevention strategies and is based upon the most recent scientific information available about healthy aging through physical activity and nutrition. We are pleased to unveil *On Creating A Legacy: Healthy Aging Project's Strategic Plan on Achieving Outcomes*.

We hope you join with us in creating and sustaining healthy living for Hawaii's older adults in all of our island communities. E loa ke ola – may life be long and with good health.

## Table of Contents

Message from the Director of Health	i
Preface	ii
Executive Summary	1
Introduction	2
Section 1: Background	3
Reviewing Data on Hawaii's Older Adult (60 Years or Older) Population	3
Reviewing Evidence Based Protective Effects of Physical Activity and Nutrition	5
Establishing the Partnership	6
Calling for Strategic Direction	7
Section 2: A Strategic Plan on Achieving Outcomes	8
Mission	8
Guiding Principles	8
Issues Identification and Prioritization	9
The Legacy: Long-term, Intermediate, and Short-term Goals	9
Short-term Goal	10
Sub-Goal 1	11
Sub-Goal 2	13
Sub-Goal 3	15
Sub-Goal 4	17
Sub-Goal 5	18
Working Timeline	19
References	20

## EXECUTIVE SUMMARY

In 2003, State and County aging network and public health programs joined forces to improve the health status of older adults through increased physical activity and improved nutrition in local communities. It is through this partnership comprised of representatives from the State Unit and Area Agencies on Aging, Hawaii Department of Health, other public and private sector agencies, and individual and community members that *On Creating a Legacy: Healthy Aging Project – A Strategic Plan on Achieving Outcomes (2005-2009)* was developed.

The mission is to improve the health status of older adults. The partners recognize that this is a long-term venture and are committed to reaching the following goals:

- Long-term: Reduce morbidity and premature mortality.
- Intermediate:
  - All older adults will eat five or more servings of fruits and vegetables a day.
  - All older adults will participate in moderate physical activity of 30 minutes or more a day.
- Short-term (five-years): All older adults will start or continue to exercise and eat healthier.

The partners acknowledge that this venture must be community driven, inclusive, community owned, built upon existing community assets and infrastructures to ensure long term sustainability, and use evidence-based strategies. These perspectives are incorporated in the plan's objectives that are all aimed to reach the project's goals. A critical aspect of the project is to reach and engage individuals who are not eating five or more servings of fruits and vegetables a day or not participating in 30 minutes of physical activity a day.



## INTRODUCTION

Across the nation, public health and aging networks are joining forces to improve the health of older adults. The U.S. Administration on Aging, National Association of State Units on Aging, the Association of State and Territorial Chronic Disease Program Directors, and Centers for Disease Control and Prevention are working together to address the health challenges of older adults.

Here in Hawaii, State and County aging networks and public health programs have joined together to systematically plan integrated approaches to improve the health status of Hawaii's multicultural population of older adults through increased physical activity and improved nutrition. This report provides information on the partnerships formed and the strategic plan adopted.

## SECTION 1: BACKGROUND

### **Reviewing Data on Hawaii's Older Adult (60 Years or Older) Population**

Hawaii has witnessed a major demographic revolution over the past few decades. According to the U.S. Census Bureau, in 1970, there were 67,490 older adults, representing nine percent of the total population. By the year 2000, older adults represented 17 percent of the total population. Between 1970 and 2000, the older adult population increased by 207 percent while the total population increased by 57 percent. (1)

Life expectancy has increased over time. In 1970, Hawaii life expectancy was 74 years. By 2000, it increased to 80 years compared to the nation as a whole at 77 years. (2)

According to the Hawaii Department of Health (HDOH) Office of Health Status Monitoring data, the leading causes of death among older adults have consistently been heart disease, cancer, and stroke. These three causes account for approximately two-thirds of all older adult deaths in Hawaii. (3)

Review of HDOH Behavioral Risk Factor Surveillance System data, show the following for older adults:

- The prevalence of diabetes increased from 11 percent in 1999 to 17 percent in 2003;
- The prevalence of high blood pressure increased from 41 percent in 1995 to 51 percent in 2001;
- Over 40 percent of older adults are overweight or obese;
- The percentage not getting regular physical activity increased from 45 percent in 1999 to 56 percent in 2003; and

- Over 60 percent consume less than the minimum recommended five fruits/vegetables a day. (4)

Although Hawaii's older adults are living longer, there are a growing number and percentage who face chronic conditions and who do not meet the recommended requirements for physical activity or nutrition. Many older adults do not pursue the benefits of the protective factors of increased physical activity and improved nutrition.

It should be noted that Hawaii's older adult population is not a homogeneous group. There are differences seen by ethnicity and geographic regions. For specific data, please visit the Executive Office on Aging website: <http://www2.hawaii.gov/eoa> or call (808) 586-0100 for more information.

## **Reviewing Evidence Based Protective Effects of Physical Activity and Nutrition**

The Surgeon General's Report on Physical Activity provides evidence that regular physical activity reduces the risk of developing or dying from leading causes of illness in the United States. According to the report, regular physical activity improves health in the following ways:

- Reduces the risk of dying prematurely from heart disease and other conditions;
- Reduces the risk of developing diabetes;
- Reduces the risk of developing high blood pressure;
- Reduces blood pressure in people who already have high blood pressure;
- Reduces the risk of developing colon and breast cancer;
- Helps to maintain a healthy weight;
- Helps build and maintain healthy bones, muscles, and joints;
- Helps older adults to become stronger and better able to move about without falling;
- Reduces feelings of depression and anxiety; and
- Promotes psychological well-being. (5)

The most extensive epidemiological evidence about the protective effects of fruits and vegetables is related to cancer (6). It was estimated by the American Institute for Cancer Research and the World Cancer Research Fund that 30 to 40 percent of cancer cases throughout the world are preventable by reasonable dietary practices (7). Diets high in fruits and vegetables are correlated with less heart disease, lower blood pressure and less stroke (8, 9, 10). Eating more fruits and vegetables decreases a woman's risk of developing breast cancer (11) and a healthy diet can help prevent diabetes (12), as well as diverticulosis and cataracts (13). Further, a diet high in fruits and vegetables may be an effective way to fight obesity (14).

## **Establishing the Partnerships**

Improving the health status of Hawaii's older adults is a shared responsibility that involves the development of partnerships among individuals, families, service providers, communities, as well as, public, private, and non-profit sector organizations. Recognizing this, Hawaii's State and County aging network and public health agencies led the way in establishing the initial partnership and mechanisms necessary to plan, develop, and implement strategies to increase physical activity and improve nutrition among older adults.

Hawaii has many State and County government agencies that are interested in improving the health and quality of life for Hawaii's older population. However, no formal communication network had ever been established statewide to bring these different agencies together to collaboratively promote active living for Hawaii's older adults.

In June 2003, the Community Health Division (CHD) and the Executive Office on Aging (EOA) began discussion to work together to improve the health status of Hawaii's elderly population. Funding from the Healthy Hawaii Initiative was provided for partial support of this effort.

Subsequently, in November 2003, EOA convened the Area Agencies on Aging (Kauai County Agency on Elderly Affairs, City and County of Honolulu's Elderly Affairs Division, Maui County Office on Aging, Hawaii County Office of Aging) and the Hawaii Department of Health's Community Health Division and Office of Health Equity to begin a series of meetings on developing a statewide collaborative to improve the health status of Hawaii's older adults.

Prior to this initiative, there was very little exposure to each other's programs. Over a three-month period, the partners shared information, reviewed population profile and health status data, identified priority health issues and existing resources and assets, and made a commitment to this long term venture by creating a legacy for future generations.

The partners acknowledged that the venture must be community-driven, inclusive, community owned, built upon existing

community assets and infrastructures to ensure long-term sustainability, and use evidence-based strategies.

The partners agreed on the:

- Purpose: To improve the health status of older adults.
- Focus: To increase physical activity and improve nutrition.

The partners recognized that during a period of fiscal restraint they needed to proceed in a collaborative manner to see improvement in the health status of older adults. Thus, they agreed to pool and leverage resources, create new alliances as well as build upon existing ones, and take a systems-wide and broad-based integrative approach to improve the health of the older adult population.

### **Calling for Strategic Direction**

The partners collectively designed a strategic planning process that was conducted over a three-month period. The partnership was expanded to include key representatives from local communities:

- Alu Like, Inc.
- City and County of Honolulu:
  - Elderly Affairs Division
  - Department of Parks and Recreation
- Hawaii County: Hawaii County Office of Aging
- Kauai County: Kauai Agency on Elderly Affairs
- Maui County: Maui County Office on Aging
- Hawaii Department of Health:
  - Community Health Division
  - Executive Office on Aging
  - Hawaii District Health Office
  - Kauai District Health Office
  - Maui District Health Office
  - Office of Health Equity
- Hawaii Medical Service Association
- Lanakila Rehabilitation Center
- Local public and private agencies
- Communities
- Individuals.

The partners dedicated many hours shaping the plan. The following section describes the plan.

## **SECTION 2: A STRATEGIC PLAN ON ACHIEVING OUTCOMES (2005-2009)**

### **Mission**

Improve health status of older adults.

### **Guiding Principles**

1. Promote community involvement and ownership of activities.
2. Assure that cultural and ethnic diversity are respected and differences in process are embraced.
3. Measure outcomes through the collection of quality data.
4. Focus on the prevention aspect of activities.
5. Encourage partner involvement in planning, delivery and evaluation of initiatives.
6. Support the development of infrastructure that will sustain efforts and activities.

## **Issues Identification and Prioritization**

The partners identified six priority issues as agenda items to be addressed.

- Culturally appropriate activities
- Communities recognize and measure their own performance
- Communicating ideas and resources to people
- Seniors' attitudes – mindset
- Fun, interesting, challenging activities
- Resource development.

## **The Legacy: Long-term, Intermediate, and Short-term Goals**

All of the partners made a commitment to this long-term venture by creating opportunities today and leaving a legacy for future generations.

The legacy's goals are:

- Long-term: Reduce morbidity and premature mortality.
- Intermediate:
  - All older adults will eat five or more servings of fruits and vegetables a day.
  - All older adults will participate in moderate physical activity of 30 minutes or more a day.
- Short-term (five-years): All older adults will start or continue to exercise and eat healthier.

**The following pages detail this short-term goal by providing sub-goals, outcomes, objectives, activities and timeline.**



**Short-term Goal:**

**All older adults will start or continue to exercise and eat healthier.**

**Sub-Goals:**

- Sub-Goal 1: Share appropriate healthy aging practices with older adults.
- Sub-Goal 2: Communities target evidence-based interventions and measure their own performance.
- Sub-Goal 3: Older adults have access to accurate and current information and resources about healthy aging.
- Sub-Goal 4: Older adults will have positive attitudes about healthy aging.
- Sub-Goal 5: Older adults, in particular high-risk populations, will participate in fun, interesting, and challenging activities to improve their health.

**Sub-Goal 1: Share appropriate healthy aging practices with older adults.**

Outcomes:

- Partners\* will gain knowledge about needs assessment approaches.
- Partners will be able to apply knowledge gained by conducting needs assessment/listening sessions with various groups\*\*.
- Partners will be able to incorporate appropriate practices in healthy aging projects.

Objectives: By December 2004, as a result of statewide training sessions, partners will be able to conduct needs assessment/listening sessions with various groups.

By March 2005, partners will learn from older adults what are appropriate activities for healthy aging.

By March 2005, partners will design programs enabling older adults to practice and share appropriate healthy aging activities.

Activities:

Conduct statewide training on conducting needs assessment/listening sessions

- Determine training needs
- Identify partners /trainees
- Establish committee to plan training session
- Develop training materials
- Conduct and evaluate training

\*Refers to existing or potential partners in local communities.

\*\*Groups include ethnic and other special populations, such as, people who use wheelchairs, canes or other assistive technology, people who have lost their teeth, people who are childless, people who use tobacco, and bedridden older adult populations.

Conduct needs assessment/listening sessions

- Learn what activities older adults can share (teach themselves) and
- Learn what older adults want to learn
- Identify role models

Set up, implement, and evaluate program.

- Design program incorporating perspectives
- Implement program
- Evaluate and sustain.

**Sub-Goal 2A: Communities target evidence-based interventions.**

**Sub-Goal 2B: Communities measure their own performance\*\*\*.**

Outcomes:

- Partners will gain knowledge about evidence-based interventions.
- Partners will be able to apply knowledge gained by developing a full-scale project proposal incorporating evidence-based project design.
- Partners will be able to implement project.
- Partners will be able to understand the importance of evaluation and may conduct the evaluation themselves.

Objectives: At the end of the statewide training session, partners will be able to draft a few project designs (choose among alternatives) that incorporate an evidence-based strategy for their community.

By March 2005, partners will be able to produce a full-scale proposal for pilot project implementation.

By April 2005, partners will implement pilot projects.

By June 2006, partners will have completed the final evaluations of their pilot projects.

By December 2006, partners will showcase their healthy aging projects at a statewide conference.

Activities:

Conduct annual statewide training on documenting evidence-based interventions

- Determine training needs
- Identify partners /trainees
- Establish committee to plan training session
- Develop training materials

- Provide technical assistance as needed (i.e., literature search)
- Conduct and evaluate training

Provide technical assistance on design, implementation, evaluation

- Develop process to provide technical assistance
- Organize technical assistance group
- Conduct technical assistance, as needed
- Have technical assistance group serve as liaison to external resources

Hold showcase conference

- Establish committee to plan and organize conference
- All projects will be showcased, share lessons learned, and discussed
- Conduct and evaluate conference.

\*\*\*For publication standards. For this project, cost is not an outcome. Partners will take into consideration the value of negative results.

**Sub-Goal 3: Older adults have access to accurate and current information and resources about healthy aging.**

Outcomes:

- Partnerships will be developed with public and private agencies for the purposes of communicating and disseminating healthy aging messages.
- Older adults will have better knowledge of the benefits of improved nutrition and increased physical activity.
- Older adults will have increased awareness of current information about healthy aging programs and resources in their community.

Objectives:

By May 2005, develop partnerships to communicate healthy aging messages.

By September 2006, conduct a public awareness campaign on healthy aging.

By September 2006, older adults will have current information about healthy aging programs and resources in their communities.

At the end of the public awareness campaign, older adults will have better knowledge of the benefits of improved nutrition and increased physical activity.

Activities:

Identify and develop partnerships and resources

Design and develop public awareness campaign

- Establish committee to develop statewide healthy aging campaign
- Identify programs and resources on healthy aging in the community

- Review evidence based strategies
- Produce the right messages/right time
- Identify spokesperson/role models

Conduct public awareness campaign

- Develop and implement other programs/tools for dissemination of message

Evaluate public awareness campaign.

**Sub-Goal 4: Older adults will have positive attitudes about healthy aging.**

Outcomes:

- Older adults will gain knowledge about barriers and facilitators to healthy aging practices.
- Older adults will be able to apply knowledge gained by educating other older adults or community.
- Older adults will become positive role models of healthy aging.

Objectives: By March 2005, a program will be designed that addresses barriers and facilitators of healthy aging.

By September 2006, twelve older adults will be selected as positive role models for healthy aging program.

Activities:

Conduct training on how to identify barriers and facilitators

- Identify and address barriers and facilitators to healthy aging

Create a program emphasizing positive attitudes

Implement program

- Educate older adults
- Identify role models.



**Sub-Goal 5: Older adults, in particular high-risk populations\*\*\*\*, will participate in fun, interesting, and challenging activities to improve their health.**

Outcomes:

- Older adults will learn what healthy aging activities exist in their communities.
- Older adults will participate in healthy aging activities.

Objectives: By March 2005, partners will design programs that appeal to older adults.

By September 2006, older adults will be able to participate in fun and interesting healthy aging activities.

Activities:

Identify healthy aging activities that appeal to older adults

Identify current resources and programs

Design programs that appeal to older adults and/or incorporate in existing programs activities that appeal to older adults

Implement program

- Identify and use incentives to increase participation and motivate individuals.
- Recognize achievements
- Market program

Evaluate program.

\*\*\*\*High risk population refers to those not eating five fruits or vegetables a day or not participating in 30 minutes of physical activity a day.

**Working Timeline**

Complete statewide plan (All)	8/15/2004
Conduct statewide training sessions	12/30/2004
Complete needs assessment (Counties)	3/2005
Produce full scale proposal for pilot implementation (Counties)	3/2005
Prepare for project implementation (Counties)	3/2005
Conduct pilot project (Counties)	4/2005
Monitor pilot (Counties)	On- going
Evaluate pilot projects (Counties)	6/2006
Reassess, revise, and update area plans (Counties)	9/2006
Select positive role models (Counties)	9/2006
Conduct public awareness campaign (Statewide, Counties)	9/2006
Conduct full implementation of projects (Counties)	10/2006
Conduct statewide showcase conference (All)	12/2006
Evaluate	Annually

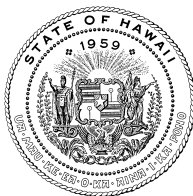
## REFERENCES

1. U.S. Census Bureau. 1970 *Census* and *Census 2000* data estimates. Executive Office on Aging calculations.
2. Hawaii Health Information Corporation. *Health Trends in Hawaii*.
3. Hawaii Department of Health. Office of Health Status Monitoring. 1999-2001 death data. Special tabulations requested by the Executive Office on Aging. Executive Office on Aging calculations.
4. Hawaii Department of Health. Behavioral Risk Factor Surveillance System. 1994-2003 data. Special tabulations requested by the Executive Office on Aging.
5. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: 1996.
6. Key, T.J., N.E. Allen, E.A. Spencer and R.C. Travis. *The Effect of Diet on Risk of Cancer*. The Lancet. Vol. 360, September 14, 2002, pp. 861-868.
7. American Institute for Cancer Research and the World Cancer Research Fund. *Food Nutrition and the Prevention of Cancer: A Global Perspective*. 1997.
8. Joshipura, K.J., F.B. Hu, J.E. Manson et al. *Protective Effects of Fruits and Vegetables Against Coronary Heart Disease*. Journal of Clinical Outcomes Management. Vol. 8, No. 9, 2001, pp.15.
9. Hu, F.B. and W.C. Willett. *Optimal Diets for Prevention of Coronary Heart Disease*. Journal of the American Medical Association. Vol. 288, 2002, pp. 2569-2578.
10. John, J.H., S. Ziebland, P. Yudkin, L.S. Roe, H.A.W. Neil. *Effects of Fruit and Vegetable Consumption on Plasma Antioxidant Concentration and Blood Pressure: A Randomized Controlled Trial*. The Lancet. Vol. 359, June 8, 2002, pp. 1969-1974.
11. Naieralski, J.A. and C. Devine. *Fruits and Vegetables and the Risk of Breast Cancer*, Fact Sheet #18. Cornell University's Program on Breast Cancer and Environmental Risk Factors. New York: 1998.
12. Hall, D.R. *Health Plus: Fruits and vegetables*. Vanderbilt University: 2004.
13. Schafer, E., D. Nelson and C. Burton. *The Health Value of Fruits and Vegetables*. Iowa State University, University Extension, 2002.
14. Brody, J.E. *With Fruits and Vegetables, More Can Be Less*. The New York Times, October 5, 2004.





Hawaii Department of Health  
[www.hawaii.gov/health](http://www.hawaii.gov/health)



Linda Lingle, Governor  
Chiyome Leinaala Fukino, M.D., Director of Health

For more information, please contact the  
Executive Office on Aging at (808) 586-0100  
or by e-mail: [eoah@health.state.hi.us](mailto:eoah@health.state.hi.us)

We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Contact the Executive Office on Aging using the above information or our departmental Affirmative Action Officer at P.O. Box 3378, Honolulu, HI 96801-3378, or at (808) 586-4616 (voice/tty) within 180 days of a problem.